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WOMEN IN THE CARE OF THE INSANE

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Chicago

ANY discussion as to the advisability of the presence of women in institutions for the insane inevitably confines itself to considering them as caretakers, for they are present as patients whether we will or not. The mills of the gods grind out—by no means slowly—crazed men and distracted women in almost exactly equal numbers, and they are sent to the asylums in the same proportion.

What I have to say will have the flavor of lay criticism of technical matters, the more marked, perhaps, because this is not the occasion for entering into the general discussion of the care of the insane from the lay point of view,—a legitimate enough stand-point in itself, I take it, so long as the laity furnish the population of the institution. It is not in a critical spirit that this little article is written, however, but with a desire to point out a line of development which is already beginning and which may be hastened by public attention.

The one capacity in which women are now universally employed is, of course, that of attendants or nurses for women patients. Can their field be enlarged? Some years ago the Illinois State Board of Charities made an inquiry as to the hours, wages, and training of attendants. The replies of fifty-eight superintendents of State institutions are of interest in this connection.

Alas! one immediately perceives that little irony which so often appears when the relative work and wages of men and women are examined. The work of men and women in hospitals for the insane is really identical—equal numbers of irresponsible persons in wards of equal size to be fed, housed, and cared for under exactly similar conditions. The charge to the public or to relatives is the same for every patient, whether man or woman, but there is a marked difference between the pay of the attendants upon the men and those who serve the women patients. Roughly stated, the women receive an average of two-thirds as much as the men. As the usual average rates for men are about twenty dollars monthly on entering, increasing gradually to thirty dollars, it is easy to judge whether two-thirds of this pay is enough to invite educated women to make the care of the insane a profession in the same way in which the nurse in the general hospital takes up her work.

This inequality is mentioned here for its bearing upon the question of the value of women when taken in connection with the following inquiry and replies given in the report mentioned above. The question

was, "Is it as easy to thus improve the grade of men as of women attendants?" (i.e., by requiring them to qualify as trained nurses for the insane). Of the fifty-five superintendents who replied, thirty-three answered "No," in some cases with qualifying remarks, thus: "Women are better nurses naturally," "Women are better fitted for the work," "More difficult to get efficient men," "Men look out for more agreeable work," "Men usually worthless," "Much more difficult," "Women always more satisfactory than men," "No, wages too low," "No, men can find better work," while among other answers of the superintendents who stated that it was equally easy to improve the men attendants were such qualified replies as, "Yes, when times are bad," "Yes, with increased wages," "Yes, with good wages," "Yes, with money."

It is plain there is in the market-place better ability to be more cheaply bought among women than among men, even if wages were equalized, so that we may well inquire whether a more general employment of women is practicable. On this point the report says:

"A more general employment of women attendants upon men's wards is recommended. This recommendation comes especially from those superintendents whose standing best entitles their opinions to respect. There is practically unanimous testimony to the superior service obtainable from women. This is ascribed in part to their natural taste for nursing, and in part to the fact that more avenues of desirable and lucrative employment are open to men than to women. We would respectfully submit that, since it is possible to obtain a better grade of service among women than among men for the same pay, there is a good reason, from an economic stand-point, for urging the most general employment of women practicable. Women are employed in men's wards in some of the most progressive hospitals, including one of the Illinois hospitals. Of course, this does not mean that there shall be no men attendants, but points towards a partial introduction of the system in the general hospitals, with nurses in charge and male orderlies. This system, so far as tried, has satisfied the humanitarian and the physician alike."

About two-thirds of the superintendents agreed in considering women attendants in men's wards desirable. A few replies may be quoted: "Very desirable and quite practicable; their presence has a good effect on patient and employee," "Yes, think result most excellent," "Yes, the institution expects to inaugurate this service shortly," and so on.

In most hospitals the attendants eat and sleep with their patients, their working-day is sixteen hours, and they are allowed only two hours or less off the ward in each twenty-four. The report says:

"The general monthly wage for a working-day of sixteen hours is from eighteen to thirty dollars per month for men, from twelve to twenty-five dollars for women. It will be remembered that the State of Illinois considers eight

hours a working-day for clerks and others whose employment does not carry with it any great responsibility.

"On the other hand, it is, so far as the board knows, universally admitted that no work is more exhausting to the nervous system than caring for the insane. It requires a disciplined mind and a high character to bear calmly and patiently with the violent or annoying conduct of many insane patients, and to regard all their unreason and extravagance as symptoms of a disease, no more to be resented than a rise of temperature in fever. Ought the State to expect to obtain such qualifications when the hours are twice the legal working-day, and the compensation no better than that of city house servants?"

The task of the physician in the insane hospital, disheartening at best, is rendered absolutely hopeless in crowded wards where overworked, under-trained, under-paid attendants remain almost as closely imprisoned as their charges. The other day a tired-looking girl opened the ward door for the physician who was taking a late visitor about. It was then nine o'clock in the evening. "How long have you been on duty?" "Since half-past five." "What are your hours?" asked the visitor. "I'm on until ten o'clock every other night. The odd nights I'm off at eight o'clock." How much vigor and poise and amiability can be left in the average human being at the end of such days?

The foregoing suggests no unfair picture of the conditions in the usual institution for the insane. It must be remembered that these hours and these conditions are not continued for a few weeks merely, during the stress of an acute case of illness, but that they are maintained steadily year after year. Is it surprising that the life in the wards for patients and attendants alike becomes monotonous and stupid? Is it surprising that overworked attendants, having picked out the patients who will most docilely perform the tasks of the ward or of the workroom, keep these few continuously employed and leave the others without stimulus, to sit dull and steadily duller along the wall? With the lack of thorough, modern medical supervision too often noticeable in our institutions is it surprising that the attendants come to regard their charges as a mischievous flock, to be kept in an externally clean and orderly condition with the least necessary exertion and without consideration of individuals?

A young Swiss woman, who had been a nurse for several years in an excellent hospital for the insane in her native land, came to this country with a patient, and later when her services were no longer required obtained a place as attendant in one of the best public hospitals in this country. Her comments were given with the greatest simplicity and honesty. She said in quaint, hesitating English, which I cannot reproduce: "It is all so different here. The nurses are so fine, they dress so well. They seem so above the patients; they do not play with the

patients. At home if the doctors came in and we were not playing with the patients, they always said to us, ‘Why do you not play with the patients?’ We must be always with the patients,—playing or working with them. At home the doctors came on the wards many times a day. We did not know when they were coming. Here they make rounds regularly twice a day—we know the hours they will come.” In other words, this nurse at once felt the lack of individual attention to patients which is apparent in most of our institutions.

Again, the sphere of women in the care of the insane will necessarily be enlarged with the fuller organization of our system. This must occur at no distant period, and will begin with small hospitals (which shall be hospitals in fact as well as in name) for acute or threatening cases, which will include locked hospitals for patients unsafe at large and will end with village, colony, and family care for patients who can be safe with such freedom.

The village life of the insane in Belgium—at Gheel, with its history of a thousand years of such care; at Lierneux, a recent colony—shows nearly three thousand insane living in the families of the villages, going in and out freely, helping in the households, and working in the fields. The new French colony for women at Dun-sur-Auron, established after a careful examination of the Scotch and Belgian boarding-out, is another suggestive example. Here the five hundred boarders are all women. Scotland, from the Lowlands to the Hebrides, boards in scattered villages more than one-fifth of their entire insane population. In all these cases the care is necessarily given chiefly by women, under medical supervision. No one who has seen this simple, almost natural, life can doubt its affording, on the whole, far greater comfort to those capable of enjoying its freedom than they could ever obtain in the locked wards of the most magnificent institutions. Undoubtedly its adoption in this country will require modifications, but the general plan of a freer life for a considerable fraction of the insane is perfectly feasible, and one of the most important modifications would consist in the emphasis put on trained women nurses and caretakers.

The training necessary for a good attendant on an average ward in an insane hospital is not identical with that needed by the nurse in a general hospital, nor perhaps are the more desirable mental attributes for the two kinds of service exactly the same. The exactness and precision of the general hospital training are not helpful in the daily care of the insane unless well subordinated. The attendant for the insane needs good temper, self-control, patience, above all adaptability, and this last quality, broadly interpreted, means the power of finding out how other people feel, of getting their point of view, and of interesting them

in pleasant and useful things outside themselves. I do not add to this list the power to express authority, because the attendants have absolute power by the nature of the case, and other qualities are needed to humanize the authority which must be exerted.

I do not forget that there are excellent training-schools in a few hospitals for the insane, but it is also true that there are far more institutions which offer no pretence of training, and where the work is chiefly done by ignorant young men and girls at day laborers' and housemaids' wages, and where the presence of a trained nurse even in the infirmary wards is unknown. I am sure that the entire force of nurses and attendants should be under the direct charge of trained nurses who have had not only the training of a general hospital, but special training in hospitals for the insane.

The insane hospital training-school could then be made more efficient and the service classified so as to render it more attractive to intelligent young persons and more useful to the institution. The service would and should cost more than at present, but it would justify itself to the public, and I have never seen an institution where the added cost could not be saved by other economies without injury to the patients.

Centres of training under the highest medical direction in the small hospitals for acute cases and in the great institutions would also become centres from which would be sent out trained caretakers for colony or village life, for the supervision of patients thus placed, and for private cases.

These wards, filled with people stricken with an ailment which for the most part baffles medical skill, with no trace of family surroundings, without the nursing atmosphere of the general hospital—the care bestowed *en bloc*, yet perhaps every patient locked within them susceptible to some stimulus of human interest and personal attention—does not the situation appeal to the humane intelligence which has rescued the care of the bodily ill from Sairy Gamp?

